

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

FILED  
U.S. DISTRICT COURT  
DISTRICT OF WYOMING  
FEB 08 2016  
Stephan Harris, Clerk  
Cheyenne  
9:51am

## UNITED STATES DISTRICT COURT

for the  
District of Wyoming

George James

Plaintiff/Petitioner

v.

Collections Acquisitions Company, Inc., d/b/a/Payliance

Defendant/Respondent

Civil Action No.

16-cv-23 -F

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: \_\_\_\_\_

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

State of Wyoming  
2001 Capital Avenue, Room 237  
Cheyenne, WY 82002

My gross pay or wages are: \$ 6,400.00, and my take-home pay or wages are: \$ 4,300.00 per  
(specify pay period) month.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Gifts, or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

*If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.*

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4. Amount of money that I have in cash or in a checking or savings account: \$ -255.00 .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

2006 Subaru B9 Tribeca

1996 Chevy S10

1987 Pontiac Fiero -currently not operable

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

Mortgage \$1179 Dr. Harlan Ribnik \$200

2nd Mortgage \$435.22

Dr. Howard Schneider \$20

Student loan \$100

Prescriptions \$120

BOPU \$112

Auto Insurance \$160

CLFP \$300

Verizon \$140

Charter \$190

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

Kelly James - Spouse - 100%

Rachel James - Daughter - 100%

Breyanna James - Daughter - 25%

I am employed full time by the state of Wyoming. My wife and Rachel are disabled and unable to work. Breyanna works part time as a pizza delivery driver. They receive no government benefits for their disabilities. Kelly and Rachel depend on me for all their financial needs. I pay for Breyanna's auto insurance, health insurance, and help her with food money.

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

**Declaration:** I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 02/08/2016

  
Applicant's signature

George James

Printed name